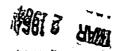
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012674

DO NOT WRITE ON THIS STUB	AMENDED			Registration District No. 3052 Registrat's No. 99 STATE FILE NUMBER	
VS 300				1. PLACE OF DEATH a. COUNTY B.	
Rev. 4/59	2	1			b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside Limits
1 4 2	AMENDED			1_	TOWN Sedalia 1040 TOWN Sedalia Yes XI No [
0808	ш	- 1	.		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HO
3808 ÷	DAT			1 –	INSTITUTION Bothwell Hospital Yes No 724 W. 675 Yes No
3			П	-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF 1.44
4 6					GAYL HALLAM GOUNTNEY DEATH Mar. 16 Sun. 1963
	1 1				5. SEX 6. COLOR OF RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Widowed Divorced Months Days Hours Min.
5 0				7	OB. USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY.
6	§			1	during most of workings life even if retired) granner Dresden, no. U.S.A.
7 0	FOLLOWS			7	30. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
0 1	요			I	PETER COUNTNEY Elizabeth Bracas
	Y Y				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes, give war or dates of
_933/X	ARE		_	-	18. CAUSE OF DEATH (Enter only one cause per
10	_		UMENI		PART I. DEATH WAS CAUSED BY: U ONSET AND DEATH
11	RECORD EAD OF		5		HAMEDIATE CAUSE (a)
12/- 0	EAD		8		Conditions, if any, DUE TO (b) Incumonia bilateral 1.1 days
12/20	HIS REC			l	which gave rise to above cause (a), stating the under-
13/-0 1			\Box	L	lying cause last. J DUE-TO (c) Cultural Forestation Company (c)
	0			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tarking services. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.
,			11	ξĀ	☐ Yes ☐ No ☐ Unknown
	AMENDMENTS			CERTI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO
· z	¥			Š	20c. TIME OF Houl Month, Day, Year INJURY a.m.
¥ &	۱	-		MED	p.m.
BLACK INK OR RITER RIBBON				1	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK ☐ farm, factory, street, office bldg., etc) NOT WHILE AT WORK ☐
USE BLACK OR TYPEWRITER	READ				21. I attended the deceased from 5 March 1959, to 17 March 1963 and last saw him alive on 17 March 1963.
8 B	R			ŀ	Death occurred at: 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
USE	алпонѕ		9		226. SIGNATURE / (Destroy titley 22b. ADDRESS) 22c. DATE SIGNED
ן ב	胀		VIT O		Stanley . Fisher M. 500 Just 16 Dedalia Marini, 18 Mar. 63
,	\vdash	+	╁┪┋	2	38 AURIAL, CREMATION, 26. DATE 230 NAME OF CEMETERY OR CREMATORY 23d ACCATION (City, town, or county) (State)
•	NO.		AFFIDA	4	Quial Mar. 14,1463 rows It ell acalla Tho
	ITEM	1.7		7	FUNERAL DIRECTOR. ADDRESS 25. DATE RECD. BY LOCAL REG. TRANSCO SHELLE PUR TRANSCO
l	-	I	1 1_		1 1 migrand 1 min - Germany 11 min -



STATEMENT BY LICENSED EMBALMEN

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	A COM
StudentSignature of Student Embalmer	Signed J. J. Nary
	Licensed Embalmer No. 3/5 3
	P. O. Address Sedala Miz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

5 5 7 6